



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/dma](http://www.mass.gov/dma)



Eligibility Operations Memo 04-04  
January 1, 2004

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Deputy Director, MassHealth Operations

RE: **New Member Fraud Referral Process**

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**Introduction**

The Division has implemented a new fraud referral process for MassHealth Enrollment Center (MEC) staff to report incidents of suspected member fraud. In the referral process, MECs and the Member Services Evaluation Unit will identify incidents of suspected member fraud, and the Bureau of Special Investigations (BSI) will investigate such incidents.

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**Referral Form**

A printable on-line form, the Suspected Member Fraud Referral Form (SFR), has been developed to capture the necessary information to process the referral. This form contains fields for staff to easily report the circumstances of the fraud allegations. This form can be found on the Intranet. Look under "Departments" and then "Publications" for "On-Line Forms and Notices."

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**Referral Process**

The Member Services Evaluation Unit has set up a referral process in each of the four MECs. Each MEC will have a Fraud Referral Coordinator who will screen fraud referral forms and documentation to ensure that the referral is complete and appropriate. Complete referrals will then be forwarded to the Evaluation Services Unit at Central Office.

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**Desk Guide**

A desk guide has been developed to assist staff in the completion of the referral forms. The desk guide contains definitions of terms used on the referral form, directions for completing the SFR, and examples of potential fraud.

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**Questions**

If you have any questions about this memo, please see your MEC Fraud Referral Coordinator.

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# Suspected Member Fraud Referral Form

**PRIORITY STATUS:**  
(circle one)

High  
Medium  
Low

## I. MEMBER INFORMATION:

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
Current address: \_\_\_\_\_ Telephone no.: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Coverage type: \_\_\_\_\_

## II. SOURCE OF INFORMATION:

### Person:

☐ Member ☐ Other: Name \_\_\_\_\_ Telephone no.: \_\_\_\_\_  
☐ Check if wishes to remain anonymous

### Point of Contact:

☐ Telephone call ☐ Face to face  
☐ Mail: **include copies of any items checked below.**  
☐ Application ☐ Case review ☐ Verification ☐ Letter/complaint ☐ Maintenance  
☐ Computer match:  
☐ DOR (new hire) ☐ DOR (qtrly) ☐ SVES ☐ Bank match ☐ Other \_\_\_\_\_

## III. CIRCUMSTANCES IN QUESTION: *Attach copies of all relevant screen prints.*

1. **Financial:** A. ☐ Earned income: ☐ Under reported ☐ Unreported  
B. ☐ Unearned income: ☐ Under reported ☐ Unreported

Suspected Fraud Information	VS. Information on File
Employee/member name	Employee/member name
Name of income source	Name of income source
Address of income source	Address of income source
Start date of income	Start date of income
End date of income	End date of income

C. ☐ Zero income household: Duration: Begin \_\_\_\_\_ End \_\_\_\_\_

D. ☐ Assets ☐ Under reported ☐ Unreported ☐ Transferred

Type of asset(s): \_\_\_\_\_ Location: \_\_\_\_\_

Owner of asset(s): \_\_\_\_\_

Acct. # (if applicable): \_\_\_\_\_ Amount: \_\_\_\_\_

2. **Third Party Liability:** ☐ Health insurance ☐ Accident/liability ☐ Estate recovery

Involved party: \_\_\_\_\_ SSN: \_\_\_\_\_

Attorney name: \_\_\_\_\_ Attorney address: \_\_\_\_\_

Insurance co.: \_\_\_\_\_ Insurer's address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policy end date: \_\_\_\_\_

3. **Pregnancy:** ☐ Failure to report pregnancy end date  
☐ Fraudulent pregnancy claimed (Explain in Section IV.)

Due date \_\_\_\_\_ Eligibility in question: Begin \_\_\_\_\_ End \_\_\_\_\_

4. **Absent Parent:** ☐ Not reported ☐ Reported absent parent suspected to be living in household  
Name: \_\_\_\_\_ SSN#: \_\_\_\_\_  
Address: \_\_\_\_\_ Dependent name: \_\_\_\_\_

5. **Household Composition:** (Reported household size/impact on eligibility)  
☐ Individual **in** household ☐ Individual **not** in household

Suspected Fraud Information	VS.	Information on File
Name		Name
Address		Address
Relationship		Relationship
SSN		SSN

6. **Citizenship/Alien Status**

Suspected Fraud Information	VS.	Information on File
Name		Name
SSN		SSN
Citizenship/alien status		Citizenship/alien status
Country		Country
Entry date		Entry date

7. **Residency:** Claimed MA address: \_\_\_\_\_ Date left MA: \_\_\_\_\_  
Out-of-state address: \_\_\_\_\_

8. **Other:** \_\_\_\_\_

**IV. COMMENTS/ADDITIONAL INFORMATION/IMPACT ON ELIGIBILITY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. REPORTED BY:** Eligibility worker: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Office: \_\_\_\_\_ Telephone no.: \_\_\_\_\_

Signature of Team Manager: \_\_\_\_\_

Please send this form and copies of supporting documentation to:

MassHealth Operations, Evaluation Services Unit  
600 Washington Street, Boston, MA 02111

Direct questions to: 617-210-5462

**CENTRAL OFFICE USE:**

Date rec'd: \_\_\_\_\_ Case#: \_\_\_\_\_  
Received with: \_\_\_\_\_ Disposition: \_\_\_\_\_



# Desk Guide for Fraud Referral Process

		PRIORITY	
<b>DEFINITION OF FRAUD</b>	Any person who obtains benefits by knowingly and deliberately making false statements, suppressing facts, withholding information, making misrepresentations, or failing to give information about a change in circumstances that would affect eligibility commits fraud.	<b>HIGH</b> <b>MEDIUM</b> <b>LOW</b>	High criminal intent Prolonged period of time Intentional program violation
<b>COMPLETING THE FRAUD REFERRAL</b>	<ul style="list-style-type: none"><li>◆ Complete all sections applicable to the specific referral you are working on.</li><li>◆ Attach copies of supporting documentation including review forms, screen prints, and wage stubs.</li><li>◆ It is important to fill in Comments Section IV of form explaining the fraud issue.</li><li>◆ Send to MassHealth Operations, Evaluation Services Unit, 600 Washington St., Boston, MA 02111</li></ul>		
<b>FRAUD REFERRAL COORDINATION</b>	Member fraud: See MEC Fraud Referral Coordinator. Provider fraud: Call Joan Senatore at 617-451-7185. To request a file from CFU: Fax 508-822-1764	<b>REMINDER</b> <b>Do not complete a referral if the suspected fraud does not impact eligibility.</b>	

## EXAMPLES OF POTENTIAL FRAUD

- |                              |                                                                                                                                                                                                                                                                                                                                              |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>If a member fails to:</b> | <ul style="list-style-type: none"><li>◆ report an increase in income that affects eligibility.</li><li>◆ report the availability, change in coverage, termination of health insurance.</li><li>◆ report the composition of a household, including pregnancy, that affects eligibility.</li><li>◆ report an out-of-state residency.</li></ul> |
| <b>If a member:</b>          | <ul style="list-style-type: none"><li>◆ has repeated closings for failure to provide information.</li><li>◆ has a pattern of not reporting income and/or assets.</li><li>◆ is reluctant to provide information.</li><li>◆ does not respond to the requested DOR match Information.</li></ul>                                                 |
| <b>If a worker:</b>          | <ul style="list-style-type: none"><li>◆ is unable to verify the information provided.</li></ul>                                                                                                                                                                                                                                              |